

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

| | | | | |
|--|-------------------------|---|----------------------------------|--------------|
| AGENCY NAME MS State Board of Nursing Home Administrators | | CONTACT PERSON Carrle Rowden | TELEPHONE NUMBER 601-362-6914 | |
| ADDRESS 1755 Lelia Drive, Suite 305 | | CITY Jackson | STATE MS | ZIP 39216 |
| EMAIL crowden@bnha.state.ms.us | SUBMIT DATE 10/15/14 | Name or number of rule(s): Title 30, Part 2701, Chapter 1, Rule 1.3.H. | | |

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This rule is being amended to clarify the fee for partial continuing education hours for sponsors, to increase the Administrator-in-Training and Endorsement application fees to include the cost of a State Study Packet, to increase the renewal and reinstatement fee, and to add a duplicate small license, a duplicate ID Card, and a change of information research and return administrative fees.

Specific legal authority authorizing the promulgation of rule: MS Code Ann., Section 73-17-7(2)(Rev. 2008)
List all rules repealed, amended, or suspended by the proposed rule: Title 30, Part 2701, Chapter 1, Rule 1.3.H.

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
 Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

- Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

| TEMPORARY RULES | PROPOSED ACTION ON RULES | FINAL ACTION ON RULES |
|--|---|--|
| <input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____ | Action proposed: <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____ | Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____ |

Printed name and Title of person authorized to file rules: Carrie Rowden, Executive Director
 Signature of person authorized to file rules: *Carrie Rowden*

| | | |
|------------------------|---|------------------------|
| OFFICIAL FILING STAMP | DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP | OFFICIAL FILING STAMP |
| |  | |
| Accepted for filing by | Accepted for filing by <u>#20835 <i>CR</i></u> | Accepted for filing by |

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.